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3-10, 25-28

Filing Fee Calculation:

Basic Fee							\$740.00
Multiple Dependent Claims (\$280)							
Foreign Language Surcharge (\$130)							
	For	Number Filed		Number Extra		Rate	
EXTRA Claims	TOTAL CLAIMS	12	-20	0		\$18	=
	INDEPENDENT CLAIMS	3	-3	0		\$84	=
						TOTAL FILING FEE	\$740.00

Please charge Deposit Account No. 03-1935 in the amount of **\$740.00**. Two additional copies of this paper are enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required, or credit any overpayment, to Account No. 03-1935.

Please address all correspondence to JoAnn Villamizar, Patent Department, Ciba Specialty Chemicals Corporation, 540 White Plains Road, P.O. Box 2005, Tarrytown, NY 10591-9005 and associate the attached application with **Customer Number 000324**. Please address all telephone calls to the undersigned at the number given below.

Respectfully submitted,

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